Serving No. 100.3 Registror's No. 10	BIRTH NO. REG. DIST. 8318 PRIMARY RG. DIST. NO. 1003 Registrar's No. 114.44	**		THE DIVISION OF H	HEALTH OF MISSOU	JRI			
SHETH NO. STATE NO. 1003 Registrar's No. 144.	SIRTH NO. SEG. DIST. 218 PRIMARY REG. DIST. NO. 1003 Register's No. 11444 Registe	FILÊD DEC	10 1957	STANDARD CERT	IFICATE OF DEA	ATH Sta	le File No.	1719)
1. PLACE OF DEATH 2. COUNTY 3. COUNTY 4. COUNTY 4. COUNTY 5. CITY (If counted corporate limits, write RURAL and give township) 5. CITY (If counted corporate limits, write RURAL and give township) 6. CITY (If counted corporate limits, write RURAL and give township) 7. COUNTY 6. COUNTY 7. COUNTY 7	1. PLACE OF DEATH 2. COUNTY D. CITY III cealeds expressed limits, write RURAL and give of RN 10 Move of RN 10 Mov	BIRTH NO		REG. DIST. 218	PRIMARY REG. DIST.				
b. CITY (If outside corporate limits, write RURAL and give County) OR St. LOUIS d. FULL MANE OF (If not in boogies or insultations, give street address or location) OR ST. LOUIS d. FULL MANE OF (If not in boogies or insultations, give street address or location) OR ST. LOUIS d. FULL MANE OF (If not in boogies or insultations, give street address or location) OR ST. COUNTY (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or location) OR ST. MANE OF (If not in boogies or insultations, give street address or locations) OR ST. MANE OF (If not in boogies or insultations, give street address or locations) OR ST. MANE OF (If not in boogies or insultations, give street address or locations) OR ST. MANE OF (If not in boogies or insultations, give street address or locations of the boogies or insultations, give street address or locations of the boogies or insultations, give street address or locations or insultations, give street address or locations or insultations or insultations, give street address or locations or insultations, give street address or locations or insultations or insultation	b. CITY (if estables corporate limite, write RURAL and give TOWN St. LOUIS OF FULL HAME OF (if as its benefited or leasted of the corporate limite, write related and property of the corporate limite, write related or location of last the last the location of last the l		TH		2 USUAL RESID	ENCE (Where deceased	lived. If institu	ution: residenc	09/b
TOWN St. LOUIS d. FULL MAME OF CIT sot is beepital or insultation, gire street additions or location of INSTITUTION 60 CIT sot is beepital or insultation, gire street additions or location of INSTITUTION 61 Cit sot is beepital or insultation, gire street additions or location of INSTITUTION 61 Cit sot is beepital or insultation, gire street additions or location 3. NAME OF CIT sot is beepital or insultation, gire street additions or location 3. NAME OF CIT sot is beepital or insultation, gire street additions or location 3. NAME OF CIT sot is beepital or insultation, gire street additions or location 3. NAME OF CIT sot is beepital or insultation, gire street additions or location 3. NAME OF CIT sot is so 3. NAME OF CIT sot is so 4. DATE (Month) (Day) (Year) (Day) (Year) 5. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 5. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 5. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 6. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 6. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 6. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 7. SEX (6. COLOR OR RACE 7. MARRIED, NEWS OR INTITUTE) 8. DATE OF BIRTH Nove 7. MARRIED, NEWS OR INTITUTE 7. MARRIED, NEWS 7. MARRIED, NEW 7. MARRIED, NEWS 7. MARRIED, N	TOWN St. Louis to be baseled or leader with the state of	a. COUNTY			a. STATE MO	b. CC	YTAUC	*	lícim
Continue	d. Fill. NAME OF (if eas to beeplad or landiculose, gire street address or location) OF HOSPITUTION HIGH Clarence Ave. The ADDRES 1921; Learly Ave.	OR		township) STAY (in this pla	_OR	ovis	d. Is Resider a city or Yes	nce within limits incorporated to:	ef wo?
Distriction 1.161 Clarence Ave. 77 Dress 1.921 Leahy Ave. 1.000 1.00	Distriction 1.61 Clarence Ave. 1.40	d. FULL NAME OF (L	7	
3. NAME OF DECEASED (Type or Print) DECEASED (3. NAME OF DECEASED (Type or Print) Julia American Bearry Death Nove 27 195 SEX [S. SEX 16. COLOR OR RACE 17. MARRIED. NEVER MARRIED. 9. B. DATE OF BIRTH Apr. 20 1873 \$\frac{1}{2}\$ Mothers of the Married Part of the Married Pa	INSTITUTION				L Leahy Ave.			
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, 9. B. DE OF BIRTH 9. AGE (in press in word in the first produced and more of working life, was if redired) 100. USUAL OCCUPATION ((invalid of work in More	S. SEX 6. COLOR OR RACE 7. MARRIED. PUBLIC MARRIED. 9. B. DATE OF BIRTH 9. AGE (12) PARTY 10 DEATH	3. NAME OF			c. (Last)	4. DATE	(Month)	(Day) (Y	ear'
5. SEX / 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 9 8. DATE OF BIRTH 102. USUAL OCCUPATION. Give hinder of work done during most of working Uis. even if redired) 103. USUAL OCCUPATION. Give hinder of work done during most of working Uis. even if redired) 103. HOUSE 104. NAME 105. KIND OF BUSINESS OR IN. 105. KIND OF BUSI	S. SEX		Julia	Ann	Barry	OF DEATH			
Page William Wildows and of sort does during most of working life, seen if retried 10b, KIND OF BUSINESS OR IN- 10 BUSINESS O	April	5. SEX / 6.		1.7 MAPRIED NEVER MARRIED	9 8. DATE OF BIRTH	9. AGE (In y	GATS IF UNDER I Y	TEAR OF UNDER	RMI
10a. USUAL OCCUPATION (Circulted of arous devaking life, even if retired) 10b. KIND OF BUSINESS OR IN DUSTRY 10con and the provided of the control of the co	10a. USUAL OCCUPATION (circh kind of work and downward) Description	female /	white	widowed absent	Apr. 20 187	73	/) Months D	ays Hours	M
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEM NAME 14 NAME OF HUSBAND'OR PIFE	13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. SOCIAL SECURITY 15. INFORMANT'S SIGNATURE OR NAME ADDRES	done during most of working)N (Give kind of working life, even if retired)	106. KIND OF BUSINESS OR II	11. BIRTHPLACE (Ci	ty and State or Foreign C			FW
JOHN TIETNEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY IN D. INFORMANT'S SIGNATURE OR NAME (17. INFORMATION (17. INFORMANT'S SIGNATURE OR NAME (17. INFORMANT'S SIGNATURE OR SIGNATURE OR NAME (17. INFORMANT'S SIGNATURE OR NAME (17. INFOR	John Tierney Bridget Connelly Andrew Barry 15. WAS DECEASED EVER IN U. S. ARMED FORCES] 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES 18. CAUSE OF DEATH DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OF DEATH DISEASE OR CONDITION DISEASE OR CONDITION 19. CAUSE OR CAUSE OR CANDISON DISEASE OR CONDITION 19. CAUSE OR CAU			, , , , , , , , , , , , , , , , , , , ,	EN NAME			J.S.A.	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) TO INFORMANT'S SIGNATURE OR NAME ADDRE	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (We. B. or unknown) (If ye., sive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRES		≃v						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the disconstinuing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 19c. DATE (Bpecity) 21b. PLACE OF INJURY (e.g., in or about to the disease or condition cousing death. 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE 19c. MONTH (Bpecity) 21d. PLACE OF INJURY (e.g., in or about to the disease or conditions constributing to the death states or conditions constributing to the death but not related to the disease or condition cousing death. 19c. MAJOR FINDINGS OF OPERATION 21d. ACCIDENT SUICIDE 19d. MAJOR FINDINGS OF OPERATION 21d. MCIDENT SUICIDE 19d. MAJOR FINDINGS OF OPERATION 21d. MCIDENT SUICIDE 19d. MAJOR FINDINGS OF OPERATION 21d. MCIDENT SUICIDE 21d. TIME (Month) OP 10d. MEDICAL CERTIFICATION MATCHARL DISEASE MOTH does does cause (a) stating that I altereded the deceased from the disease or condition cousing death. 21d. TIME 19d. MAJOR FINDINGS OF OPERATION 21d. MCIDENT 21d. MONTH DISEASE 10d. (CITY, TOWN, OR TOWNSHIP) 21d. HOW DID INJURY OCCUR? 21d. How DID INJURY OCCUR? 22d. I hereby certify that I attended the deceased from the disease and on the date stated above. 22d. SURJATURE 10d. CREMA 24d. DATE 11/30/57 Cal Varry Cemetery St. Louis MDDESS 25. FUNERAL DIRECTOR'S SIGNATURE	NO. Mm. Barry 5626 Highland Ave. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the made of dying, such actuary state of the whole counter (a) stating the underlying cause last. *This does not mean the made of dying, such actuary state of the whole counter (a) stating the underlying cause last. *This does not mean the dust on the death of the underlying cause last. *This does not mean the dust on the death of the underlying cause last. *This does not mean the dust on the death of the underlying cause last. *This does not mean the dust on the death of the underlying cause last. *This does not mean the dust on the death of the underlying cause last. *This does not mean the dust on the underlying cause last. **This does not mean the dust on the death of the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust of the death out on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not mean the dust on the underlying cause last. **This does not me	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURIT	Y 17. INFORMANT			ADDRI	FS
INTERVAL BET INTE	INTERVAL BETWEEN INTERVAL BE		yee, give war or dates	· · · · · · · · · · · · · · · · · · ·	D. John Barrer 56	626 Highland	Δτ <i>r</i> e .	******	
the mode of dying, such as heart fallure, asthenia, etc. It means the discase, fighting, or complication which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 10b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) AND I death of the date of the death occurred at a death occurred	the mode of dying, such as heart/fallure, athenic, de. It means the duscribed in the underlying cause (a) stating the underlying cause (a) the death but not related to the disease or condition cousing death. 19a. DATE OF OPERA. TION 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT 22d. ADDRESS ACCIDENT 22d. ADDRESS ACCIDENT 22d. ADDRESS ACCIDENT 22d. ADDRESS ADDRES	Enter only one cause per	I. DISEASE OR CO	CONDITION MEDICAL MEDI	certification mind Care	nomatox	- i	ONSET AND D	DEA1
Conditions contributing to the death but not related to the disease or condition causing death. 199. 190. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21a. ACCIDENT SUICIDE Bome. farm. factory. street. office bidgetc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 190. Time (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22f. Horeby certify that I attended the deceased from 21f. How DID INJURY OCCUR? 22f. DATE SIGNATURE 22f. DATE SIGNATURE 22f. DATE SIGNATURE 22f. NAME OF CEMETERY OR CREMATORY 22f. LOCATION (City, town, or bounty) (State Date REGISTRAR'S SIGNATURE 22f. NAME OF CEMETERY OR CREMATORY 22f. LOCATION (City, town, or bounty) (State Date REGISTRAR'S SIGNATURE 22f. PUMERAL DIRECTOR'S SIGNATURE 22f. PUMERAL DIRECTOR'S SIGNATURE 22f. DADESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 21d. ACCIDENT SUICIDE HOMICIDE 21d. Mosub) 10bms. farm. factory. street. office bldgetc.) 10c. How Did injury occur? 21d. How Did injury occur? 21d. How Did injury occur? 21d. Thereby certify that I attended the deceased from form alive on form the causes and on the date stated above. 23a. Sygnature 10b. Tand that death occurred at form. from the causes and on the date stated above. 23b. ADDRESS 10c. DATE SIGN. 21c. NAME OF CEMETERY OR CREMATORY 10b. REMOVAL (Repeatly) 11/30/57 Calvary Cemetery 25c. Funeral Director's Signature	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions	is, if any, giving DUE TO (b) wase (a) stating use last.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (s.g., in or about bome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Mostb) (Day) (Pour) (Day) (Pour) (Day) (Pour) (Hour) (Day) (Pour) (19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 21d. PLACE OF INJURY (e.g., in or about bome. farm. factory, street, office bidg., etc.) 21d. MCCIDENT SUICIDE HOMICIDE 21d. PLACE OF INJURY (e.g., in or about bome. farm. factory, street, office bidg., etc.) 21d. TIME OF (Mostb) ODAY) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR?	tion which caused death.				100			
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21c. (Injury OCCURRED OF INJURY OCCUR	218. ACCIDENT SUICIDE SUICIDE SUICIDE HOMICIDE 1216. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) HOMICIDE 216. TIME HOMICIDE 1216. INJURY CCCURRED WHILE AT NOT WHILE WORK AT WORK 2217. HOW DID INJURY OCCUR? 2218. How DID INJURY OCCUR? 2219. How DID INJURY OCCUR? 2319. Thereby certify that I attended the deceased from AT WORK 2219. Thereby certify that I attended the deceased from AT WORK 2219. Thereby certify that I attended the deceased from AT WORK 232. I hereby certify that I attended the deceased from AT WORK 233. SIGNATURE (Degree of title) 244. DATE SIGNATURE 245. DATE SIGNATURE 11/30/57 Calvary Cemetery St. Louis MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary 5967 W. Florissant AV Buchholz Mortuary 5967 W. Florissant AV		related to the disea	outing to the aeath but not use or condition causing death.		199.	<u> </u>		
21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE 105 7, to //27 , 195 7, that I last saw the decadive on //2 , 195 7 and that death occurred at 3 4 m., from the causes and on the date stated above. 23e. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or bounty) (Stephen of the course	21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NO	19a. DATE OF OPERA- TION	19b. MAJOR FINI	DINGS OF OPERATION			2		ì
INJURY Degree of title) 22. I hereby certify that I attended the deceased from the alive on 1957, to 1/27, to 1/27, that I last saw the deceased of the alive on 1/27, 1957, that I last saw the deceased of the alive on 1/27, 1957, that I last saw the deceased of the alive on 1/27, 1957, that I last saw the deceased of the alive	22. I hereby certify that I attended the deceased from the alive on 1957, to 1877, that I last saw the deceased alive on 1957, to 1877, that I last saw the deceased alive on 1957, that I last saw th	21a. ACCIDENT SUICIDE HOMICIDE				TOWNSHIP) (0	OUNTY)	(STATE))
alive on	alive on	21d. TIME (Mostb) OF INJURY	(Day) (Year) (WHILEAT CON NOT WHILE CO	21f. HOW DID INJURY	OCCUR7	er.		
alive on	alive on	22. I hereby certify t	hat <u>I</u> ajtended t	he deceased from Jou	195'7, to 11	127 , 195-7.	that I last s	aw the dec	cea
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or bunity) 11/30/57 Calvary Cemetery St. Louis M DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24s. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. Location (City, town, or Jounty) (State) 500 11/30/57 Calvary Cemetery St. Louis Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant Av.		19/ , 195	Zand that death occurred a	1 5 Am., from th				
tion, REMOVAL (Speedly) 11/30/57 Calvary Cemetery St. Louis M DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	burial 11/30/57 Calvary Cemetery St. Louis MOV 29 5 6 Calvary Cemetery St. Louis MOV 29 5 6 Registrar's Signature St. Funeral Director's Signature Adoress Buchholz Mortuary 5967 W. Florissant Av.	23a. SIGNATURE	But	(Degree or title)	Hampton V	Ellagomed.	2009	11/29/	GNI
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	NOV 29 5 Carl Smith M.S. Buchholz Mortuary 5967 W. Florissant Av.	TION, REMOVAL (Breatly)		• •			wn, or sounty)		
NOV 29 57 Learl Smith Min Buchholz Mortuary 5967 W. Florissant A	NOV 29 550 Carl Smith M.D Buchholz Mortuary 5967 W. Florissant Av	DATE REC'D BY LOCAL	REGISTRAR'S S	SIGNATURE				PESS	
		NOV 29 576	1 L. Barl	Smith M.D	Buchholz Mor	rtuary 5967 W	. Floria	s sant A	\v

STATEMENT BY LICENSED EMBALMER

]	I hereby certify	y that the	body whose	name is r	ecorded on th	e reverse	side of t	his certificate	wase	mbalm
by me,	, or by	•••••	•••••		•	••••••	., Studen	t Embalmer N	io	
			.na resision							

working under my personal supervision..

Signature of Student Embalmer

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license). . If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.